DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN

Bureau of Quality Assurance
P.O. Box 2969

Madison WI 53701-2969

Facility Information

Facility Name: OUR HOME III (0009067)

Address: 2187 KATIES LANE, MINOCQUA, WI 54548

License Status: REGULAR

Licensed/Certified/Registered 05/01/2001

Regional Office: NORTHERN REGION (RHINELANDER), (715) 365-2800

Survey History

Survey ID: 0095192 End Date: 06/29/2005 Type: STANDARD Purpose: SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0092533 End Date: 04/23/2004 Type: OTHER Purpose: COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10009262 Served 05/14/2004

Compliance

Deficiencies CitedSubject AreaVerifiedCorrected83.34(2)(a)3IMPLEMENT WRITTEN PLAN OF CARE06/29/2005Yes

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Survey ID: 0090744 End Date: 06/10/2003 Type: STANDARD Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10005197 Served 08/07/2003

		<u>Compliance</u>	
Deficiencies Cited	Subject Area	<u>Verified</u>	Corrected
83.33(3)(a)1	PRACTITIONER'S WRITTEN ORDER FOR MEDS	04/23/2004	Yes
83.35(5)(a)	FOOD STORAGE	04/23/2004	Yes
83.41(5)(d)2	HOT WATER TEMPERATURES	04/23/2004	Yes
83.42(3)(e)	QUARTERLY FIRE DRILLS	04/23/2004	Yes
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL	04/23/2004	Yes

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.